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Atty Docket No. 15114H-067600US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Saif A. Alhija

Group Art Unit 2128

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER SAIF A. ALHIJA**

CERTIFICATION OF FACSIMILE TRANSMISSION

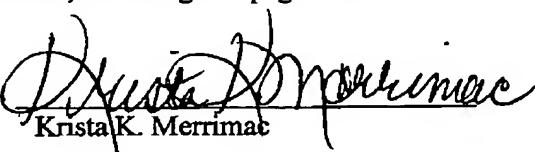
I hereby certify that the following documents in re Application of PETER BROOKES et al., Application No. 10/618,284, filed July 11, 2003 for SIMULATION OF HARDWARE AND SOFTWARE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB/21 Transmittal Form (1 page)
2. SB/22 Extension of Time (in duplicate) (2 pages)
3. Amendment (10 pages)

Number of pages being transmitted, including this page: 14

Dated: August 8, 2006



Krista K. Merrimac

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FORM

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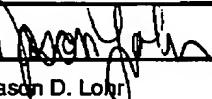
Total Number of Pages in This Submission

Application Number	10/618,284
Filing Date	July 11, 2003
First Named Inventor	Brookes, Peter
Art Unit	2128
Examiner Name	Saif A. Alhija
Total Number of Pages in This Submission	14
Attorney Docket Number	15114H-067600US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Facsimile Transmittal		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
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<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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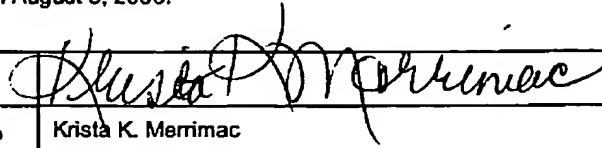
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Jason D. Lohr		
Date	August 8, 2006	Reg. No.	48,163

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